NOISE SURVEY
(Sound Level Meter Survey)

1. DATE *(YYYYMMDD)*	2. TYPE SURVEY *(Enter code)*
	1 - INITIAL SURVEY **2** - RE-SURVEY **3** - OTHER

3. SOUND LEVEL METER		4. MICROPHONE		5. CALIBRATOR	
a. MANUFACTURER		a. MANUFACTURER		a. MANUFACTURER	
b. MODEL	c. SERIAL NO.	b. MODEL	c. SERIAL NO.	b. MODEL	c. SERIAL NO.
d. LAST ELECTROACOUSTIC CALIB DATE *(YYYYMMDD)*		d. LAST ELECTROACOUSTIC CALIB DATE *(YYYYMMDD)*		d. LAST ELECTROACOUSTIC CALIB DATE *(YYYYMMDD)*	

6. WIND SCREEN *(X one)*		7. MEASUREMENTS OBTAINED *(X one)*	
USED	NOT USED	INDOORS	OUTDOORS

8. DESCRIPTION OF AREAS/DUTIES WHERE NOISE SURVEY CONDUCTED *(Illustrate on additional sheet and attach to form)*	9. PRIMARY SOURCE OF NOISE
	10. SECONDARY SOURCE OF NOISE

11. SOUND LEVEL DATA / 12. PROTECTION REQUIRED *(re: dBA - Level)*

a. LOCATION	b. METER ACTION	c. dBC	d. dBA	e. RISK ASSESSMENT CODE	a. NONE *(Less than 85)*	b. PLUG OR MUFF *(85-108)*	c. PLUG AND MUFF *(108-118)*	d. PLUG + MUFF + TIME LIMIT *(Greater than 118)*

NOTES: Range of levels noted by /; i.e., 102/109. At operator stations, measure at ear level.
METER ACTION: Enter F for fast meter action and S for slow meter action.

13. REMARKS *(i.e., Area and equipment posted, hearing protection in use, etc.)*

14. MORE DETAILED NOISE EVALUATION REQUIRED:		YES		NO *(If "YES," identify type evaluation needed.)*

15. NAME(S) OF PERSON(S) IDENTIFIED FOR AUDIOMETRIC MONITORING *(Use additional sheet if more space is needed and attach to form)*

16. SUPERVISOR OF NOISE-HAZARDOUS AREA OR OPERATION

a. NAME *(Last, First, Middle Initial)*	b. TELEPHONE *(Include area code)*	c. ORGANIZATION

17. SURVEY PERFORMED BY *(Last Name, First Name, MI)*	18. HEARING CONSERVATION MONITOR *(Last Name, First Name, MI)*

DD FORM 2214, JAN 2000   PREVIOUS EDITION MAY BE USED.

INSTRUCTIONS
(Refer to DoD Component Instructions for Additional Guidance)

PURPOSE: This form is intended to record noise survey results for the identification of potentially noise-hazardous environments.

GENERAL: Print all information in ink. Only medical, industrial hygiene, safety, or engineering personnel who meet training requirements specified by the DOD components will make sound level measurements.

1. Date - Enter date noise survey conducted (e.g., if Jan. 14, 1999, enter 19990114).

2. Type, Survey - Enter appropriate numeric code in box (e.g., enter "1" if area or operation not surveyed before or no available records of previous survey; enter "2" if resurvey conducted at regular intervals (such as once each 12 months); or enter "3" if noise being reevaluated to confirm validity of previously obtained measurements or for purposes other than indicated).

3. Sound Level Meter:
    a. Mfgr - Enter name of company that produced sound level meter.
    b. Model - Enter manufacturer's designation.
    c. Serial No. - Enter manufacturer's serial number.
    d. Last Electroacoustic Calib Date - Enter year, month, day (see Item 1) of last comprehensive calibration required by DOD component. Not to include calibration checks made with acoustical calibrator.

4. Microphone (Fill in this section if microphone is detachable from sound level meter)
    a. Manufacturer - Enter name of company that produced microphone.
    b. Model - Enter manufacturer's designation.
    c. Serial No. - Enter manufacturer's serial number.
    d. Last Electroacoustic Calib Date - Enter year, month, and day (see Item 1) of last comprehensive calibration as required by DOD component.

5. Calibrator:
    a. Manufacturer - Enter name of company that produced calibrator.
    b. Model - Enter manufacturer's designation.
    c. Serial Number. Enter manufacturer's serial number.
    d. Last Electroacoustic Calib Date. Enter year, month, and day (see Item 1) of last comprehensive calibration as required by DoD component.

6. Wind Screen - Check appropriate box indicating if manufacturer's device to reduce wind noise is mounted over microphone assembly.

7. Measurements Obtained - Check appropriate box indicating if measurements obtained indoors or outdoors.

8. Description of Areas/Duties Where Noise Survey Conducted - Include building number(s), name of activity and/or operation, identify specific microphone locations, performance conditions and descriptions of machinery (e.g., rpm, load, etc). Where applicable, include noise-hazard contours of area. On additional sheet make simple line drawing of area and identify noise sources and locations of measurement.

9. Primary Source of Noise - If possible, identify the location(s) of the highest dBA value.

10. Secondary Source of Noise - If possible, identify all other noise sources when the primary noise source is off (e.g. background noise sources and other noise sources that may or may not be noise hazardous).

11. Sound Level Data
    a. Location - Position where measurement is obtained should correspond with those identified, or illustrated on form.
    b. Meter Action - See Notes in Sound Level Data Sec. levels measured with weighting switch of meter in "C" position.
    c. dBC - If required by DOD component, enter sound levels measured with weighting switch of meter in "C" position.
    d. dBA - Enter sound levels measured with weighting switch of meter in "A" position. See NOTES in Sound Level Data Section.
    e. Risk Assessment Code - Enter expression of risk that combines elements of hazard severity and mishap probability. Hazard severity categories shall be assigned by roman numeral as follows:
    (1) Category I - Catastrophic: May cause death or loss of a facility (Code I).
    (2) Category II - Critical: May cause severe injury, e.g., severe occupational illness, or major property damage (Code II).
    (3) Category III - Marginal: May cause minor injury, e.g., minor occupational illness, or minor property damage (Code III).
    (4) Category IV - Negligible: Probably would not affect personnel safety or health, but is nevertheless in violation of specific criteria (Code IV). Mishap probability shall be assigned capital letter according to following criteria:
    (a) Subcategory A: Likely to occur immediately or within a short period of time (Code A).
    (b) Subcategory B: Probably will occur in time (Code B).
    (c) Subcategory C: May occur in time (Code C).
    (d) Subcategory D: Unlikely to occur (Code D).
Enter codes as IIB, IIIC, etc. Refer to DOD Instruction 6055.1/DOD component instructions for specific definitions and guidance.

12. Protection Required (re: dBA Level)
    a. None (less than 85: If dBA levels less than 85, check this column. No hearing protectors required.
    b. Plug or Muff (85 - 108): If dBA levels 85 - 108 inclusive, check this column. Earplugs, ear muffs, ear-canal caps, or noise-attenuating helmet required.
    c. Plug and Muff (108 - 118): If dBA levels over 108 to 118 inclusive, check this column. Earplugs worn in combination with ear muffs or noise-attenuating helmet required.
    d. Plug, Muff & Time: If dBA levels over 118, check this column. Earplugs worn in combination with ear muffs or noise-attenuating helmet and time limit (to be determined by DOD component) required.

13. Remarks - Enter type of hearing protection in use, whether area and equipment posted with appropriate caution signs, etc.

14. More Detailed Noise Evaluation Required - Check "yes" box if more detailed noise evaluation is required; check "no" box if not. Specify the type of evaluation needed (e.g., octave band analysis, etc.).

15. Name(s) of Persons Identified for Audiometric Monitoring - List names of individuals routinely exposed to noise in preceding locations.

16. Supervisor of Noise - Hazardous Area or Operation - Enter name (surname, given name, & middle initial) of the first-echelon (immediate) supervisor of the location (and personnel) surveyed.

17. Survey Performed by - Enter name (surname, given name & middle initial) of individual performing survey & signature.

18. Hearing Conservation Monitor - Enter name of individual reviewing survey results & signature. Usually local surgeon or designated representative.